



Commonwealth of Kentucky
Department for Medicaid Services
Division of Program Quality & Outcomes

**Access and Availability
Dental Survey**

**Final Report
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TABLE OF CONTENTS

EXECUTIVE SUMMARY	2
INTRODUCTION	3
METHODOLOGY	4
RESULTS.....	6
LIMITATIONS.....	13
CONCLUSIONS.....	13
NEXT STEPS.....	13
APPENDIX A: SCENARIOS BY CALL TYPE	14
APPENDIX B: CALL SHEETS	15
ROUTINE CALL SHEET	16
URGENT CALL SHEET	18

List of Tables

Table 1A: Contact Made by Plan for Routine Calls	6
Table 1B: Contact Made by Plan for Urgent Calls	6
Table 2A: Reasons Contact was Not Made for Routine Calls.....	7
Table 2B: Reasons Contact was Not Made for Urgent Calls	7
Table 3A: Appointment Made by Plan for Routine Calls.....	8
Table 3B: Appointment Made by Plan for Urgent Calls	9
Table 4A: Compliance by Plan for Routine Calls.....	9
Table 4B: Compliance by Plan for Urgent Calls	10
Table 5A: Reasons Appointment Not Made for Routine Calls	10
Table 5B: Reasons Appointment Not Made for Urgent Calls.....	11
Table 6: Summary of Call Dispositions for Routine and Urgent Calls.....	12

EXECUTIVE SUMMARY

In September 2015, Island Peer Review Organization (IPRO), on behalf of the Commonwealth of Kentucky, Department of Medicaid Services (DMS), initiated a survey to evaluate access to and availability of dentists participating with Medicaid managed care organizations (MCOs). Specifically, this project assessed the ability to contact dentists and make office hour appointments using a secret shopper survey methodology.

A total of 1,100 dentists were randomly sampled for the survey study. The project comprised two types of calls: routine appointments and urgent appointments. At the time of this survey, there were five MCOs: Aetna Better Health, Anthem Blue Cross and Blue Shield Medicaid, Humana-CareSource, Passport Health Plan, and WellCare of Kentucky. Calls were made over the November to December 2015 time period.

Overall, 92.4% of the dentists for the routine calls and 88.2% of the dentists for the urgent calls were able to be contacted. After removing exclusions, 35.2% of the dentists for the routine calls and 31.6% of the dentists for the urgent calls were both able to be contacted and scheduled an appointment within the corresponding timeliness standards (i.e., 21 days and 48 hours, respectively).

INTRODUCTION

The EQRO scope of work includes the requirement to administer a survey to evaluate network provider availability and access. The access and availability survey is conducted to ensure that MCOs' provider networks are following the Medicaid Managed Care Participation Standards according to their contractual obligations. The MCO contracts state that routine services must be provided within 21 days and urgent care must be provided within 48 hours.

DMS monitors compliance with these standards. As the Kentucky external quality review organization (EQRO), for the third time, IPRO administered a telephone-based access and availability survey to ensure that Kentucky MCOs' provider networks are following the standard for office hour appointments. The first survey in 2014 was conducted with behavioral health specialists. The second survey in 2015 was conducted with primary care providers, pediatricians, and obstetricians/gynecologists. The current survey focuses on dentists.

METHODOLOGY

Sample Selection

In September 2015, each MCO electronically submitted their provider network data, used to populate their web directory, to IPRO. To conduct the survey, IPRO used the data to select providers for each of the state's five MCOs at the time of the study: Aetna Better Health, Anthem Blue Cross and Blue Shield Medicaid, Humana-CareSource, Passport Health Plan, and WellCare of Kentucky. Note that Aetna Better Health was acting as CoventryCares at the time of the survey.

The combined files contained a total of 457,659 records. IPRO excluded selected providers:

- Whose address was not in Kentucky or any of its bordering states,
- Missing critical data such as National Provider Identifier (NPI), phone number, and the PCP/Specialist field,
- With specialties that did not meet the criteria for the project,
- With closed panels, and
- Non-individual providers (e.g., hospitals, medical centers, and pharmacies).

After removing duplicate providers, the file contained 1,311 providers. Random sampling was performed to select 220 providers from each plan, resulting in a total of 1,100 providers.

The project comprised two types of calls. For each plan, 110 calls were held for routine appointments and 110 calls were held for urgent appointments. Among the 1,100 dentists in the final sample across all plans, there were 550 routine calls and 550 urgent calls.

Conduct Telephone Surveys

A “secret shopper” methodology was used to conduct the phone calls. Surveyors were instructed to role-play as Medicaid managed care (MMC) members seeking care. Using scripted scenarios with clinical indicators that were developed by IPRO and approved by DMS, surveyors attempted to get appointments for care. **Appendix A** contains a list of the scenarios by call type. Note that the urgent scenarios were designed so that the provider would not tell the member to go to the ER immediately. Calls for the project were conducted in November and December 2015. At the outset, a pilot study with 20 dentists was conducted to test the survey protocol and scenarios. Ten pilot cases were randomly selected for each call type.

The survey tool included data entry sheets (**Appendix B**) that were developed by IPRO and approved by DMS to capture any contact with a dentist's office, as well as a Microsoft Access database that was used for data collection. The data entry sheets were identical for routine and urgent calls. Different color paper was used for each of the two call types.

Experienced staff members at IPRO trained the temporary staff hired to conduct the surveys. Training materials included a manual describing the protocol for survey calls, including instructions as to how to handle various outcomes. A thorough review of the procedures, role-playing, and practice sessions were conducted for all surveyors prior to making actual calls for the survey. Surveyors were trained on how to record the details and results of each call on tracking forms.

To ensure quality control, the IPRO Project Manager monitored surveyors' calls on a random basis during survey administration. In addition, information captured on tracking forms was reviewed for consistency, completeness, and accuracy. Data entry was also monitored for accuracy.

Routine and Urgent Call Types

Surveyors made up to four attempts to contact a live staff person at each dental office to complete the survey. For each subsequent attempt, surveyors called on different days and different times of the day to maximize contact with a live staff member. For each call made, surveyors documented the call date and time. If contact was not made with a live staff member, the surveyor documented the reason. Reporting options for no contact made included:

- No answer
- On hold for > 10 minutes
- Answering machine/Voicemail system
- Answering service
- Wrong telephone number
- Constant busy signal
- Telephone company message, indicating phone number is out of order
- Number called was a residence or non-doctor business

If an answering machine was reached on the first attempt, surveyors noted the dentist site's office hours or alternate number and called back during the appropriate time.

If a live voice was reached, but an appointment could not be made, surveyors documented reasons for no appointment given. Reporting options for no appointment made included:

- Provider not accepting new patients
- Provider not a plan participant
- Provider practice is restricted to specialty care
- Provider required referral
- Provider required information that surveyor could not provide
- Staff not scheduling any appointments at this time
- Staff required previous medical records before appointment can be made
- Provider not at site and no alternate provider available
- Instructed to go to emergency room
- Must complete health form before appointment can be made

Surveyors requested the earliest possible appointment. If the named dentist at the site was unavailable, surveyors determined if there was an alternate dentist at the site and attempted to make an appointment with the alternate dentist. If an appointment was made with any dentist in the office, surveyors documented the appointment date and time.

RESULTS

A total of 110 routine calls and 110 urgent calls were made for each plan. The results that follow are separated by call type.

Ability to Contact

The first measure of success in the access and availability study was to be able to contact a live voice at the dentists' offices. Calls were attempted up to four times for each dentist. **Table 1A** displays the results for the routine calls, and **Table 1B** displays the results for the urgent calls.

As seen in **Table 1A**, among the 550 dentists for routine calls, 508 (92.4%) were able to be contacted. Plan rates ranged from 90.9% to 94.5%. For urgent calls, 485 (88.2%) were able to be contacted, and rates ranged from 80.9% to 90.9% among plans (**Table 1B**).

Table 1A: Contact Made by Plan for Routine Calls

Plan	# Dentists Surveyed	# Contact Made	Contact Rate
Aetna Better Health	110	100	90.9%
Anthem Blue Cross Blue Shield Medicaid	110	101	91.8%
Humana-CareSource	110	101	91.8%
Passport Health Plan	110	102	92.7%
WellCare of Kentucky	110	104	94.5%
Total	550	508	92.4%

Table 1B: Contact Made by Plan for Urgent Calls

Plan	# Dentists Surveyed	# Contact Made	Contact Rate
Aetna Better Health	110	89	80.9%
Anthem Blue Cross Blue Shield Medicaid	110	100	90.9%
Humana-CareSource	110	96	87.3%
Passport Health Plan	110	100	90.9%
WellCare of Kentucky	110	100	90.9%
Total	550	485	88.2%

Table 2A displays the reasons that the 42 dentists in the routine category could not be contacted, while **Table 2B** displays the reasons that the 65 dentists in the urgent category could not be contacted. The most common reason for both call types was answering machine/voice mail system, followed by telephone company message noting the phone is out of order, and wrong telephone number.

Table 2A: Reasons Contact was Not Made for Routine Calls

Reason Not Able to Contact Dentist	n	%
Answering machine/Voice mail system*	18	42.9%
Telephone company message phone out of order	14	33.3%
Wrong telephone number	6	14.3%
Number called was a residence or non-doctor business	2	4.8%
No answer*	1	2.4%
Constant busy signal*	0	0.0%
Put on hold > 10 minutes*	1	2.4%
Answering service*	0	0.0%
Total	42	100.0%

* These calls occurred on the 4th attempt, since these reasons required multiple attempts.

Table 2B: Reasons Contact was Not Made for Urgent Calls

Reason Not Able to Contact Dentist	n	%
Answering machine/Voice mail system*	22	33.8%
Telephone company message phone out of order	17	26.2%
Wrong telephone number	11	16.9%
Number called was a residence or non-doctor business	4	6.2%
No answer*	7	10.8%
Constant busy signal*	4	6.2%
Put on hold > 10 minutes*	0	0.0%
Answering service*	0	0.0%
Total	65	100.0%

* These calls occurred on the 4th attempt, since these reasons required multiple attempts.

Exclusions

Calls were excluded from the remainder of the analyses when the dentist required information, such as MCO membership identification (ID) number, which the surveyor could not provide. These dentists were excluded to avoid penalizing plans due to the fact that the surveyor was not able to provide information, such as name and Medicaid ID number while speaking to the dentists' office on the call.

Among the 550 dentists in the study for routine calls, 1 dentist was excluded, resulting in 549 dentists available for the remaining analyses. Among the 550 dentists in the study for urgent calls, no dentists were excluded, with all 550 dentists included in the analyses.

Appointment Made

For routine calls, among the 507 dentists retained for analysis and able to be contacted, an appointment was made for 301 dentists (59.4%; **Table 3A**). Plan rates varied widely from 40.6% for Humana-CareSource to 71.8% for WellCare of Kentucky.

Among these 301 appointments, 193 (64.1%) met the timeliness standard of an appointment scheduled within 21 days of the call, despite the surveyor's attempt to make an earlier appointment (data not shown).

Table 3A: Appointment Made by Plan for Routine Calls

Plan	Dentists Contacted	Appointment Made	Rate
Aetna Better Health	100	59	59.0%
Anthem Blue Cross Blue Shield Medicaid	101	69	68.3%
Humana-CareSource	101	41	40.6%
Passport Health Plan	102	58	56.9%
WellCare of Kentucky	103	74	71.8%
Total	507	301	59.4%

For urgent calls, among the 485 dentists able to be contacted, an appointment was made for 303 dentists (62.5%; **Table 3B**). Plan rates varied widely from 40.6% for Humana-CareSource to 77.0% for Anthem Blue Cross Blue Shield Medicaid.

Among these 303 appointments, 174 (57.4%) met the timeliness standard of an appointment scheduled within 48 hours of the call, despite the surveyor's attempt to make an earlier appointment (data not shown).

Table 3B: Appointment Made by Plan for Urgent Calls

Plan	Dentists Contacted	Appointment Made	Rate
Aetna Better Health	89	60	67.4%
Anthem Blue Cross Blue Shield Medicaid	100	77	77.0%
Humana-CareSource	96	39	40.6%
Passport Health Plan	100	60	60.0%
WellCare of Kentucky	100	67	67.0%
Total	485	303	62.5%

Timeliness Standard

Table 4A displays the compliance rate for each plan among the 549 dentists for analysis for routine calls. Only 35.2% of the 549 dentists were able to be contacted and scheduled an appointment within 21 days. Plan compliance rates ranged from 20.9% to 40.0%.

Table 4A: Compliance by Plan for Routine Calls

Plan	Dentists Surveyed	Appointments within 21 days	Compliance Rate
Aetna Better Health	110	40	36.4%
Anthem Blue Cross Blue Shield Medicaid	110	43	39.1%
Humana-CareSource	110	23	20.9%
Passport Health Plan	110	44	40.0%
WellCare of Kentucky	109	43	39.4%
Total	549	193	35.2%

Table 4B displays the compliance rate for each plan among the 550 dentists for analysis for urgent calls. Only 31.6% of the 550 dentists were able to be contacted and scheduled an appointment within 48 hours. Plan compliance rates ranged from 16.4% to 39.1%. Among the 303 appointments made, 245 (80.9%) were scheduled within 10 days (data not shown).

Table 4B: Compliance by Plan for Urgent Calls

Plan	Dentists Surveyed	Appointments within 48 hours	Compliance Rate
Aetna Better Health	110	35	31.8%
Anthem Blue Cross Blue Shield Medicaid	110	39	35.5%
Humana-CareSource	110	18	16.4%
Passport Health Plan	110	43	39.1%
WellCare of Kentucky	110	39	35.5%
Total	550	174	31.6%

As shown in **Table 5A**, among the 549 dentists for the routine calls, an appointment could not be made with 206 dentists. The most common reason was that the dentist was not a plan participant, accounting for 79 appointments not made. The second most common reason was that the dental practice was restricted to specialty care. Examples of dental practices restricted to specialty care were: oral surgeons, orthodontists, school-based, and mobile dentists. An additional 34 appointments were not made because the dentist was not accepting new patients, and 29, because the dentist was not at the site and no alternative dentist was available.

Table 5A: Reasons Appointment Not Made for Routine Calls

Reason Appointment Not Made	n	%
Provider not a plan participant	79	38.3%
Provider practice restricted to specialty care	47	22.8%
Provider not accepting new patients	34	16.5%
Provider not at site and no alternative provider available	29	14.1%
Staff not scheduling any appointments at this time	14	6.8%
Must complete health questionnaire before appointment can be made	2	1.0%
Staff required previous medical records	1	0.5%
Provider required referral	0	0.0%
Instructed to go to emergency room	0	0.0%
Total	206	100.0%

As shown in **Table 5B**, among the 550 dentists for the urgent calls, an appointment could not be made with 182 dentists. The most common reasons were identical to the routine calls: the dentist was not a plan participant, the dental practice was restricted to specialty care, the dentist was not accepting new patients, and the dentist was not at the site and no alternative dentist was available. Examples of dental practices restricted to specialty care were: oral surgeons, orthodontists, school-based, mobile dentists, and nursing homes.

Table 5B: Reasons Appointment Not Made for Urgent Calls

Reason Appointment Not Made	n	%
Provider not a plan participant	65	35.7%
Provider practice restricted to specialty care	51	28.0%
Provider not accepting new patients	34	18.7%
Provider not at site and no alternative provider available	19	10.4%
Staff not scheduling any appointments at this time	13	7.1%
Must complete health questionnaire before appointment can be made	0	0.0%
Staff required previous medical records	0	0.0%
Provider required referral	0	0.0%
Instructed to go to emergency room	0	0.0%
Total	182	100.0%

Table 6 presents a summary of the call dispositions of the 550 dentists surveyed for routine calls and 550 surveyed for urgent calls (including the exclusions), and provides the reasons for no contact made and for no appointment made, as well as the number of appointments made. Results were similar for both types of calls. As expected, among dentists with whom an appointment was made, routine calls were more likely than urgent calls to meet the timeliness standards (i.e., 21 days for routine and 48 hours for urgent calls).

Across both call types combined, 10% of the calls resulted in no contact made, 35% resulted in contact made but no appointment, 22% resulted in an appointment made outside the timeframe of the appointment standards, and 33% resulted in an appointment within the timeliness standards.

Table 6: Summary of Call Dispositions for Routine and Urgent Calls

Call Disposition	Routine	Urgent
No Contact Made – Reasons		
Answering machine/Voice mail system	18	22
Telephone company message phone out of order	14	17
Wrong telephone number	6	11
Number called was a residence or non-doctor business	2	4
No answer	1	7
Constant busy signal	0	4
Put on hold > 10 minutes	1	0
Answering service	0	0
Total	42	65
Contact Made but No Appointment Made – Reasons		
Provider not a plan participant	79	65
Provider practice restricted to specialty care	47	51
Provider not accepting new patients	34	34
Provider not at site and no alternative provider available	29	19
Provider required information that surveyor could not provide	1	0
Staff not scheduling any appointments at this time	14	13
Must complete health questionnaire before appointment can be made	2	0
Staff required previous medical records	1	0
Provider required referral	0	0
Instructed to go to emergency room	0	0
Total	207	182
Contacted and Appointment Made Outside Timeframe	108	129
Contacted and Appointment Made Within Timeframe	193	174
Total Calls	550	550

LIMITATIONS

One limitation of this study is that some phone numbers were included multiple times in the study, even though they corresponded to different dentists. As mentioned previously, the provider file was de-duplicated, but dentists often share the same phone numbers with other dentists. IPRO's sampling attempted to minimize duplication of phone numbers as much as possible. Since some of the issues identified in this project may be limited to certain phone numbers, the counts of some of the reasons that contacts and appointments were not made may be higher than if all unique phone numbers were surveyed.

CONCLUSIONS

The overall compliance rates of 35.2% and 31.6% for routine and urgent calls, respectively, are substantially below what would be expected. Approximately 10% of the surveyed dentists were not able to be contacted among routine and urgent calls. Also, 35% were able to be contacted, but no appointment was made.

IPRO recommends that DMS work with the MCOs to increase contact and appointment rates for dentists. It is important for members to be able to access dentists and obtain appointments with dentists.

NEXT STEPS

IPRO will prepare a listing for each MCO that will include:

- Dentists who could not be contacted and reasons
- Dentists where no appointment could be made and reasons
- Dentists who offered appointments that were not within the correct time frame
- Dentists who offered timely, compliant appointments.

Plans will receive 30 days to review the files and submit explanations regarding the contacts and appointments that were not made.

After receiving the MCO explanations, IPRO will produce a summary report categorizing the responses. The report will be itemized by MCO. Also, MCOs will be instructed to update their provider systems to ensure that these dentists are correctly reported in their provider directory files.

Appendix A: Scenarios by Call Type

Code	Routine Appointment Scenarios
Y1	My child is a new patient and needs to have a check-up and to have his/her teeth cleaned
Y2	I am a new patient and need to have a check-up and to have my teeth cleaned.
Code	Urgent Appointment Scenarios
Z1	My child has a horrible tooth ache and needs to be seen.
Z2	My child's filling fell out and needs to be seen.
Z3	My child chipped his/her tooth and needs to be seen.
Z4	I have a horrible tooth ache and need to come in to see the dentist.
Z5	My filling fell out and need to come in to see the dentist.
Z6	I chipped my tooth and need to come in to see the dentist.

Appendix B: Call Sheets

2015 PROVIDER ACCESS AND AVAILABILITY STUDY
Dental Providers
ROUTINE APPOINTMENT AVAILABILITY DATA ENTRY SHEET

Surveyor Last Name _____ Plan Name: _____ Scenario ID: _____ Phone: _____
 Provider Name: _____ Provider Category: _____
 Address: _____ Sample ID: _____

CALL 1: DATE ____/____/____ TIME: ____/____ AM/PM	
1. Able to make contact: <input type="checkbox"/> Yes <input type="checkbox"/> No (Go to Part A) 2. Able to make appt: <input type="checkbox"/> Yes <input type="checkbox"/> No (Go to #7 Then to Part B) 3. Appt with: <input type="checkbox"/> Designated Provider <input type="checkbox"/> Alternate Provider _____ 4. Appt Date: ____/____/____ Appt Time ____:____AM/PM 5. Appt within 21 days of call: <input type="checkbox"/> Yes (Go to #7) <input type="checkbox"/> No 6. Attempt to make earlier appt: <input type="checkbox"/> Yes <input type="checkbox"/> No 7. Contact person's name _____ <div style="text-align: center;">*Remember to Cancel Appointment*</div>	<div style="background-color: #f2f2f2; text-align: center; padding: 2px;">PART A - Reason No Contact Made</div> <input type="checkbox"/> No answer * <input type="checkbox"/> Put on hold >10 min * <input type="checkbox"/> Answering machine/Voice mail system * <input type="checkbox"/> Answering Service * <input type="checkbox"/> Wrong telephone number New # _____ * <input type="checkbox"/> Constant busy signal * <input type="checkbox"/> Telephone company message indicating phone out of order * <input type="checkbox"/> Number called was a residence or non-doctor business * <div style="background-color: #f2f2f2; text-align: center; padding: 2px;">PART B - Reason No Appt Made</div> <input type="checkbox"/> Provider not accepting new patients (closed panel) <input type="checkbox"/> Provider not a plan participant <input type="checkbox"/> Provider practice is restricted to specialty care Specialty: _____ <input type="checkbox"/> Provider required referral <input type="checkbox"/> Provider required info that surveyor could not provide Info requested: _____ <input type="checkbox"/> Staff not scheduling any appointments at this time <input type="checkbox"/> Staff required previous medical records <input type="checkbox"/> Provider not at site and no alternative provider available <input type="checkbox"/> Instructed to go to Emergency Room <input type="checkbox"/> Patient must complete health form before appointment can be made
CALL 2: DATE ____/____/____ TIME: ____/____ AM/PM	
1. Able to make contact: <input type="checkbox"/> Yes <input type="checkbox"/> No (Go to Part A) 2. Able to make appt: <input type="checkbox"/> Yes <input type="checkbox"/> No (Go to #7 Then to Part B) 3. Appt with: <input type="checkbox"/> Designated Provider <input type="checkbox"/> Alternate Provider _____ 4. Appt Date: ____/____/____ Appt Time ____:____AM/PM 5. Appt within 21 days of call: <input type="checkbox"/> Yes (Go to #7) <input type="checkbox"/> No 6. Attempt to make earlier appt: <input type="checkbox"/> Yes <input type="checkbox"/> No 7. Contact person's name _____ <div style="text-align: center;">*Remember to Cancel Appointment*</div>	<div style="background-color: #f2f2f2; text-align: center; padding: 2px;">PART A - Reason No Contact Made</div> <input type="checkbox"/> No answer * <input type="checkbox"/> Put on hold >10 min * <input type="checkbox"/> Answering machine/Voice mail system * <input type="checkbox"/> Answering Service * <input type="checkbox"/> Wrong telephone number New # _____ * <input type="checkbox"/> Constant busy signal * <input type="checkbox"/> Telephone company message indicating phone out of order * <input type="checkbox"/> Number called was a residence or non-doctor business * <div style="background-color: #f2f2f2; text-align: center; padding: 2px;">PART B - Reason No Appt Made</div> <input type="checkbox"/> Provider not accepting new patients (closed panel) <input type="checkbox"/> Provider not a plan participant <input type="checkbox"/> Provider practice is restricted to specialty care Specialty: _____ <input type="checkbox"/> Provider required referral <input type="checkbox"/> Provider required info that surveyor could not provide Info requested: _____ <input type="checkbox"/> Staff not scheduling any appointments at this time <input type="checkbox"/> Staff required previous medical records <input type="checkbox"/> Provider not at site and no alternative provider available <input type="checkbox"/> Instructed to go to Emergency Room <input type="checkbox"/> Patient must complete health form before appointment can be made
Appointment cancelled? <input type="checkbox"/> Yes <input type="checkbox"/> No Initials _____	

2015 PROVIDER ACCESS AND AVAILABILITY STUDY
Dental Providers
ROUTINE APPOINTMENT AVAILABILITY DATA ENTRY SHEET

CALL 3: DATE ____/____/____ TIME: ____/____ AM/PM	
<p>1. Able to make contact: <input type="checkbox"/> Yes <input type="checkbox"/> No (Go to Part A)</p> <p>2. Able to make appt: <input type="checkbox"/> Yes <input type="checkbox"/> No (Go to #7 Then to Part B)</p> <p>3. Appt with: <input type="checkbox"/> Designated Provider <input type="checkbox"/> Alternate Provider _____</p> <p>4. Appt Date: ____/____/____ Appt Time ____:____AM/PM</p> <p>5. Appt within 21 days of call: <input type="checkbox"/> Yes (Go to #7) <input type="checkbox"/> No</p> <p>6. Attempt to make earlier appt: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>7. Contact person's name _____</p> <p style="text-align: center;">*Remember to Cancel Appointment*</p>	<div style="background-color: #d3d3d3; text-align: center; padding: 2px;">PART A - Reason No Contact Made</div> <div style="padding: 5px;"> <input type="checkbox"/> No answer * <input type="checkbox"/> Put on hold >10 min * <input type="checkbox"/> Answering machine/Voice mail system * <input type="checkbox"/> Answering Service * <input type="checkbox"/> Wrong telephone number New # _____ * <input type="checkbox"/> Constant busy signal * <input type="checkbox"/> Telephone company message indicating phone out of order * <input type="checkbox"/> Number called was a residence or non-doctor business * </div> <div style="background-color: #d3d3d3; text-align: center; padding: 2px;">PART B - Reason No Appt Made</div> <div style="padding: 5px;"> <input type="checkbox"/> Provider not accepting new patients (closed panel) <input type="checkbox"/> Provider not a plan participant <input type="checkbox"/> Provider practice is restricted to specialty care Specialty: _____ <input type="checkbox"/> Provider required referral <input type="checkbox"/> Provider required info that surveyor could not provide Info requested: _____ <input type="checkbox"/> Staff not scheduling any appointments at this time <input type="checkbox"/> Staff required previous medical records <input type="checkbox"/> Provider not at site and no alternative provider available <input type="checkbox"/> Instructed to go to Emergency Room <input type="checkbox"/> Patient must complete health form before appointment can be made </div>
CALL 4: DATE ____/____/____ TIME: ____/____ AM/PM	
<p>1. Able to make contact: <input type="checkbox"/> Yes <input type="checkbox"/> No (Go to Part A)</p> <p>2. Able to make appt: <input type="checkbox"/> Yes <input type="checkbox"/> No (Go to #7 Then to Part B)</p> <p>3. Appt with: <input type="checkbox"/> Designated Provider <input type="checkbox"/> Alternate Provider _____</p> <p>4. Appt Date: ____/____/____ Appt Time ____:____AM/PM</p> <p>5. Appt within 21 days of call: <input type="checkbox"/> Yes (Go to #7) <input type="checkbox"/> No</p> <p>6. Attempt to make earlier appt: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>7. Contact person's name _____</p> <p style="text-align: center;">*Remember to Cancel Appointment*</p>	<div style="background-color: #d3d3d3; text-align: center; padding: 2px;">PART A - Reason No Contact Made</div> <div style="padding: 5px;"> <input type="checkbox"/> No answer * <input type="checkbox"/> Put on hold >10 min * <input type="checkbox"/> Answering machine/Voice mail system * <input type="checkbox"/> Answering Service * <input type="checkbox"/> Wrong telephone number New # _____ * <input type="checkbox"/> Constant busy signal * <input type="checkbox"/> Telephone company message indicating phone out of order * <input type="checkbox"/> Number called was a residence or non-doctor business * </div> <div style="background-color: #d3d3d3; text-align: center; padding: 2px;">PART B - Reason No Appt Made</div> <div style="padding: 5px;"> <input type="checkbox"/> Provider not accepting new patients (closed panel) <input type="checkbox"/> Provider not a plan participant <input type="checkbox"/> Provider practice is restricted to specialty care Specialty: _____ <input type="checkbox"/> Provider required referral <input type="checkbox"/> Provider required info that surveyor could not provide Info requested: _____ <input type="checkbox"/> Staff not scheduling any appointments at this time <input type="checkbox"/> Staff required previous medical records <input type="checkbox"/> Provider not at site and no alternative provider available <input type="checkbox"/> Instructed to go to Emergency Room <input type="checkbox"/> Patient must complete health form before appointment can be made </div>
Appointment cancelled? <input type="checkbox"/> Yes <input type="checkbox"/> No Initials _____	

FY 2016 PROVIDER ACCESS AND AVAILABILITY STUDY
Dental Providers
URGENT APPOINTMENT AVAILABILITY DATA ENTRY SHEET

Surveyor Last Name _____ Plan Name: _____ Scenario ID: _____ Phone: _____
 Provider Name: _____ Provider Category: _____
 Address: _____ Sample ID: _____

CALL 1: DATE ____/____/____ TIME: ____/____ AM/PM	
1. Able to make contact: <input type="checkbox"/> Yes <input type="checkbox"/> No (Go to Part A) 2. Able to make appt: <input type="checkbox"/> Yes <input type="checkbox"/> No (Go to #7 Then to Part B) 3. Appt with: <input type="checkbox"/> Designated Provider <input type="checkbox"/> Alternate Provider _____ 4. Appt Date: ____/____/____ Appt Time ____:____AM/PM 5. Appt within 48 hours of call: <input type="checkbox"/> Yes (Go to #7) <input type="checkbox"/> No 6. Attempt to make earlier appt: <input type="checkbox"/> Yes <input type="checkbox"/> No 7. Contact person's name _____ <div style="text-align: center;">*Remember to Cancel Appointment*</div>	<div style="background-color: #e0e0e0; text-align: center; padding: 2px;">PART A - Reason No Contact Made</div> <input type="checkbox"/> No answer * <input type="checkbox"/> Put on hold >10 min * <input type="checkbox"/> Answering machine/Voice mail system * <input type="checkbox"/> Answering Service * <input type="checkbox"/> Wrong telephone number New # _____ * <input type="checkbox"/> Constant busy signal * <input type="checkbox"/> Telephone company message indicating phone out of order * <input type="checkbox"/> Number called was a residence or non-doctor business * <div style="background-color: #e0e0e0; text-align: center; padding: 2px;">PART B - Reason No Appt Made</div> <input type="checkbox"/> Provider not accepting new patients (closed panel) <input type="checkbox"/> Provider not a plan participant <input type="checkbox"/> Provider practice is restricted to specialty care Specialty: _____ <input type="checkbox"/> Provider required referral <input type="checkbox"/> Provider required info that surveyor could not provide Info requested: _____ <input type="checkbox"/> Staff not scheduling any appointments at this time <input type="checkbox"/> Staff required previous medical records <input type="checkbox"/> Provider not at site and no alternative provider available <input type="checkbox"/> Instructed to go to Emergency Room <input type="checkbox"/> Patient must complete health form before appointment can be made
CALL 2: DATE ____/____/____ TIME: ____/____ AM/PM	
1. Able to make contact: <input type="checkbox"/> Yes <input type="checkbox"/> No (Go to Part A) 2. Able to make appt: <input type="checkbox"/> Yes <input type="checkbox"/> No (Go to #7 Then to Part B) 3. Appt with: <input type="checkbox"/> Designated Provider <input type="checkbox"/> Alternate Provider _____ 4. Appt Date: ____/____/____ Appt Time ____:____AM/PM 5. Appt within 48 hours of call: <input type="checkbox"/> Yes (Go to #7) <input type="checkbox"/> No 6. Attempt to make earlier appt: <input type="checkbox"/> Yes <input type="checkbox"/> No 7. Contact person's name _____ <div style="text-align: center;">*Remember to Cancel Appointment*</div>	<div style="background-color: #e0e0e0; text-align: center; padding: 2px;">PART A - Reason No Contact Made</div> <input type="checkbox"/> No answer * <input type="checkbox"/> Put on hold >10 min * <input type="checkbox"/> Answering machine/Voice mail system * <input type="checkbox"/> Answering Service * <input type="checkbox"/> Wrong telephone number New # _____ * <input type="checkbox"/> Constant busy signal * <input type="checkbox"/> Telephone company message indicating phone out of order * <input type="checkbox"/> Number called was a residence or non-doctor business * <div style="background-color: #e0e0e0; text-align: center; padding: 2px;">PART B - Reason No Appt Made</div> <input type="checkbox"/> Provider not accepting new patients (closed panel) <input type="checkbox"/> Provider not a plan participant <input type="checkbox"/> Provider practice is restricted to specialty care Specialty: _____ <input type="checkbox"/> Provider required referral <input type="checkbox"/> Provider required info that surveyor could not provide Info requested: _____ <input type="checkbox"/> Staff not scheduling any appointments at this time <input type="checkbox"/> Staff required previous medical records <input type="checkbox"/> Provider not at site and no alternative provider available <input type="checkbox"/> Instructed to go to Emergency Room <input type="checkbox"/> Patient must complete health form before appointment can be made
Appointment cancelled? <input type="checkbox"/> Yes <input type="checkbox"/> No Initials _____	

FY 2016 PROVIDER ACCESS AND AVAILABILITY STUDY
Dental Providers
URGENT APPOINTMENT AVAILABILITY DATA ENTRY SHEET

CALL 3: DATE ____/____/____ TIME: ____/____ AM/PM	
<p>1. Able to make contact: <input type="checkbox"/> Yes <input type="checkbox"/> No (Go to Part A)</p> <p>2. Able to make appt: <input type="checkbox"/> Yes <input type="checkbox"/> No (Go to #7 Then to Part B)</p> <p>3. Appt with: <input type="checkbox"/> Designated Provider <input type="checkbox"/> Alternate Provider _____</p> <p>4. Appt Date: ____/____/____ Appt Time ____:____AM/PM</p> <p>5. Appt within 48 hours of call: <input type="checkbox"/> Yes (Go to #7) <input type="checkbox"/> No</p> <p>6. Attempt to make earlier appt: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>7. Contact person's name _____</p> <p style="text-align: center;">*Remember to Cancel Appointment*</p>	<div style="background-color: #d3d3d3; text-align: center; padding: 2px;">PART A - Reason No Contact Made</div> <div style="padding: 2px;"> <input type="checkbox"/> No answer * <input type="checkbox"/> Put on hold >10 min * <input type="checkbox"/> Answering machine/Voice mail system * <input type="checkbox"/> Answering Service * <input type="checkbox"/> Wrong telephone number New # _____ * <input type="checkbox"/> Constant busy signal * <input type="checkbox"/> Telephone company message indicating phone out of order * <input type="checkbox"/> Number called was a residence or non-doctor business * </div> <div style="background-color: #d3d3d3; text-align: center; padding: 2px;">PART B - Reason No Appt Made</div> <div style="padding: 2px;"> <input type="checkbox"/> Provider not accepting new patients (closed panel) <input type="checkbox"/> Provider not a plan participant <input type="checkbox"/> Provider practice is restricted to specialty care Specialty: _____ <input type="checkbox"/> Provider required referral <input type="checkbox"/> Provider required info that surveyor could not provide Info requested: _____ <input type="checkbox"/> Staff not scheduling any appointments at this time <input type="checkbox"/> Staff required previous medical records <input type="checkbox"/> Provider not at site and no alternative provider available <input type="checkbox"/> Instructed to go to Emergency Room <input type="checkbox"/> Patient must complete health form before appointment can be made </div>
CALL 4: DATE ____/____/____ TIME: ____/____ AM/PM	
<p>1. Able to make contact: <input type="checkbox"/> Yes <input type="checkbox"/> No (Go to Part A)</p> <p>2. Able to make appt: <input type="checkbox"/> Yes <input type="checkbox"/> No (Go to #7 Then to Part B)</p> <p>3. Appt with: <input type="checkbox"/> Designated Provider <input type="checkbox"/> Alternate Provider _____</p> <p>4. Appt Date: ____/____/____ Appt Time ____:____AM/PM</p> <p>5. Appt within 48 hours of call: <input type="checkbox"/> Yes (Go to #7) <input type="checkbox"/> No</p> <p>6. Attempt to make earlier appt: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>7. Contact person's name _____</p> <p style="text-align: center;">*Remember to Cancel Appointment*</p>	<div style="background-color: #d3d3d3; text-align: center; padding: 2px;">PART A - Reason No Contact Made</div> <div style="padding: 2px;"> <input type="checkbox"/> No answer * <input type="checkbox"/> Put on hold >10 min * <input type="checkbox"/> Answering machine/Voice mail system * <input type="checkbox"/> Answering Service * <input type="checkbox"/> Wrong telephone number New # _____ * <input type="checkbox"/> Constant busy signal * <input type="checkbox"/> Telephone company message indicating phone out of order * <input type="checkbox"/> Number called was a residence or non-doctor business * </div> <div style="background-color: #d3d3d3; text-align: center; padding: 2px;">PART B - Reason No Appt Made</div> <div style="padding: 2px;"> <input type="checkbox"/> Provider not accepting new patients (closed panel) <input type="checkbox"/> Provider not a plan participant <input type="checkbox"/> Provider practice is restricted to specialty care Specialty: _____ <input type="checkbox"/> Provider required referral <input type="checkbox"/> Provider required info that surveyor could not provide Info requested: _____ <input type="checkbox"/> Staff not scheduling any appointments at this time <input type="checkbox"/> Staff required previous medical records <input type="checkbox"/> Provider not at site and no alternative provider available <input type="checkbox"/> Instructed to go to Emergency Room <input type="checkbox"/> Patient must complete health form before appointment can be made </div>
Appointment cancelled? <input type="checkbox"/> Yes <input type="checkbox"/> No Initials _____	